

**SMART Board Training
Evaluation Form**

Trainer: Jackie Haub

Date:

Place:

A. Trainee

1. Your Name (optional):

2. Where do you work?

3. What was your reason for attending this training?

4. Have you had an previous training? ☐ Yes ☐ No

5. What do you hope to take from this training?

B. Training

Please rate the above trainer in the following aspects of professional activity.

Strongly Disagree

Strongly Agree

1. The trainer made the goals of the training clear. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

2. The trainer was organized and well prepared. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

3. The trainer presented the subject matter clearly and answered questions effectively. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

4. The trainer facilitated discussion well. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

5. The trainer instilled interest in the field. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

6. Feedback was given in a timely manner. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

7. I learned a lot in this training. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Comment:

C. Suggestions

Do you have specific suggestions for improvement? If so, please elaborate.